PTO/SB/81 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Attorney Docket Number | FA1165USNA

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number		10/803250	
Filin	g Date	March 17, 2004	
		r Isidor Hazan Et. Al.	
Title	ONE-PACK PI AUTOMOTIVE	RIMER SURFACER COMPO BODY PANELS	SITION FOR SMC
Art U	Init 1762	Examiner Name	UNKNOWN

I heret	by appoint:				
•	Practitioners at Customer Number:	23906			
C)R	<u> </u>			
V	Practitioner(s) named below:				
	Name			Registration Number	
	STEVEN C. BEN	NJAMIN		36,087	
	SUDHIR G. DES	HMUKH		33,677	
		· · · · · · · · · · · · · · · · · · ·			
	our attorney(s) or agent(s) to prosecumark Office connected therewith.	te the application identified above, a	and to trans	nsact all business in the United States Patent and	ı
•	e recognize or change the correspondent of the above-mentioned Customer N		d application	tion to:	
	The address associated with Custo	omer Number			
		omer Number.	·use		
	OR Firm or	-			
	Individual Name				
	Address				•
	Address				
	City		State	Zip	
	Telephone Telephone		Fax		
I am t			1 ax	 	
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
		SIGNATURE of Applicant or Ass	ignee of F	Record	
Name	Isidor Hazan				
Signat	ure Whitey	<u></u>			
Date	Date 7 6 04 Telephone				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
	*Total of3 forms are submitted.				

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/803250	
Filing Date	March 17, 2004	
First Named Inventor	r Isador Hazan et al.	
	RIMER SURFACER COMPOSITION FOR SMC BODY PANELS	
Art Unit 1762	Examiner Name UNKNOWN	
Attorney Docket Num	nber FA1165USNA	

I hereby appoint:			
Practitioners at Customer Number: 23906			
OR			
Practitioner(s) named below:			
Name Registration Number			
STEVEN C. BENJAMIN 36,087			
SUDHIR G. DESHMUKH 33,677			
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United State Trademark Office connected therewith.	s Patent and		
Please recognize or change the correspondence address for the above-identified application to:			
The above-mentioned Customer Number:			
OR			
The àddress associated with Customer Number:			
OR			
Firm or Individual Name	-		
Address			
Address			
City State Zip			
Country			
Telephone			
l am the:			
Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant or Assignee of Record			
Name Robert R. Matheson			
Signature ////////////////////////////////////			
Date 07/16/67 Telephone			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
forms if more than one signature is required, see below*.			

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (09-03) Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

fuction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Appl	ication Number	10/803250	
Filin	g Date	March 17, 2004	
First	t Named Invento	Isador Hazan et al.	
		RIMER SURFACER COMPOSITION FOR SMC	
Title	AUTOMOTIVE	BODY PANELS	
Art L	Init 1762	Examiner Name UNKNOWN	
Attor	mey Docket Num	ber FA1165USNA	

Practitioners at Customer Number: 23906		-				
Practitioner(s) named below: Name	I hereby appoint:					
Practitioner(s) named below: Name	Practitioners at Customer Number:	23906				
Practitioner(s) named below: Name	OR					
STEVEN C. BENJAMIN STEVEN C. BENJAMIN SUDHIR G. DESHMUKH 33,677 SUDHIR G. DESHMUKH 33,677 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number: OR Firm or Individual Name Address Address City State Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/St/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature Telephone Telephone Telephone Telephone						
STEVEN C. BENJAMIN SUDHIR G. DESHMUKH 33,677 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature Telephone Telephone Telephone Telephone Telephone			-			
SUDHIR G. DESHMUKH 33,677 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number: OR The address associated with Customer Number: OR Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature Date Telephone Telephone Telephone Telephone Telephone Telephone Telephone Telephone	Name			Registration Number		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address Address Address City State Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	STEVEN C. BE	NJAMIN		36,087		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number: OR The address associated with Customer Number: OR Address Address Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/St/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	SUDHIR G. DES	HMUKH		33,677		
Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signatures Date 7 7 OU Telephone Telephone Telephone Telephone						
Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signatures Date 7 7 OU Telephone Telephone Telephone Telephone	···					
The above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature Date 7 27 04 Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple		te the application identified above,	and to trans	sact all business in the United States Patent and		
The above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature Date 7 27 04 Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Please recognize or change the correspond	ance address for the above identific	nd applicatio	on to:		
The address associated with Customer Number: OR Firm or Individual Name Address Address Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature Address Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple		ence address for the above-identific	ed application	on เอ:		
The address associated with Customer Number: OR Firm or Individual Name Address Address City Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature Date Taylor Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	The above-mentioned Customer N	lumber:				
The address associated with Customer Number: OR Firm or Individual Name Address Address City Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature Date Taylor Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	OR					
Firm or Individual Name Address Address City Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
Firm or Individual Name Address Address City Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature Date Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	The address associated with Cust	The address associated with Customer Number:				
Individual Name Address Address City Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature Date 72704 Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	OR					
Address City Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature Date 7 7 0 Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature Date 77704 Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature Date 7 27 04 Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature Date Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple		·				
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature Date Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple			Fax			
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature Date Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple				···· - ·		
SIGNATURE of Applicant or Assignee of Record Name Debra Sue Strickland Signature Date 72764 Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
Name Debra Sue Strickland Signature Date 727/64 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
Signature Date Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple		SIGNATURE of Applicant or As	signee of R	Record		
Signature Date Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Name Debra Sue Strickland	^	·			
Date 727/64 Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	The state of the s	cloland		· · · · · · · · · · · · · · · · · · ·		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple				Telephone		
ranna ni mara nimi ama ampirana na naganana na naganana na naganana na nagananana na nagananana na naganananan	NOTE: Signatures of all the inventors or assignee	s of record of the entire interest or their receiow*.	epresentative			
*Total of3 forms are submitted.						

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.